

County: Sauk
 GREENWAY MANOR
 501 SOUTH WINSTED, P. O. BOX 759
 SPRING GREEN 53588 Phone: (608) 588-2586
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 60
 Total Licensed Bed Capacity (12/31/01): 60
 Number of Residents on 12/31/01: 55

Facility ID: 3900

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Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 54

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.0
Supp. Home Care-Personal Care	No					1 - 4 Years		34.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.1	More Than 4 Years		25.5
Day Services	No	Mental Illness (Org./Psy)	14.5	65 - 74	12.7			-----
Respite Care	Yes	Mental Illness (Other)	3.6	75 - 84	20.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.6	95 & Over	7.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	10.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	12.7	65 & Over	90.9	-----		
Transportation	No	Cerebrovascular	18.2		-----	RNs		11.8
Referral Service	Yes	Diabetes	1.8	Sex	%	LPNs		6.7
Other Services	No	Respiratory	1.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.3	Male	27.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	250	37	100.0	106	0	0.0	0	13	100.0	133	0	0.0	0	0	0.0	0	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		37	100.0		0	0.0		13	100.0		0	0.0		0	0.0	55	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	9.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	60.0	40.0	55
Other Nursing Homes	4.2	Dressing	16.4	45.5	38.2	55
Acute Care Hospitals	83.2	Transferring	21.8	67.3	10.9	55
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	27.3	56.4	16.4	55
Rehabilitation Hospitals	0.0	Eating	61.8	21.8	16.4	55
Other Locations	3.2	*****				
Total Number of Admissions	95	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.3	Receiving Respiratory Care		5.5
Private Home/No Home Health	32.0	Occ/Freq. Incontinent of Bladder	47.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	27.0	Occ/Freq. Incontinent of Bowel	41.8	Receiving Suctioning		1.8
Other Nursing Homes	5.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		5.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.6	Receiving Mechanically Altered Diets		1.8
Rehabilitation Hospitals	0.0					
Other Locations	11.0	Skin Care		Other Resident Characteristics		
Deaths	25.0	With Pressure Sores	5.5	Have Advance Directives		81.8
Total Number of Discharges		With Rashes	1.8	Medications		
(Including Deaths)	100			Receiving Psychoactive Drugs		0.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Peer Group	Bed Size: 50-99 Peer Group	Licensure: Skilled Peer Group	All Facilities				
	%	% Ratio	% Ratio	% Ratio	% Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	82.5 1.09	86.4 1.04	85.8 1.05	84.6 1.06				
Current Residents from In-County	47.3	74.3 0.64	69.6 0.68	69.4 0.68	77.0 0.61				
Admissions from In-County, Still Residing	13.7	19.8 0.69	19.9 0.69	23.1 0.59	20.8 0.66				
Admissions/Average Daily Census	175.9	148.2 1.19	133.4 1.32	105.6 1.67	128.9 1.36				
Discharges/Average Daily Census	185.2	146.6 1.26	132.0 1.40	105.9 1.75	130.0 1.42				
Discharges To Private Residence/Average Daily Census	109.3	58.2 1.88	49.7 2.20	38.5 2.84	52.8 2.07				
Residents Receiving Skilled Care	100	92.6 1.08	90.0 1.11	89.9 1.11	85.3 1.17				
Residents Aged 65 and Older	90.9	95.1 0.96	94.7 0.96	93.3 0.97	87.5 1.04				
Title 19 (Medicaid) Funded Residents	67.3	66.0 1.02	68.8 0.98	69.9 0.96	68.7 0.98				
Private Pay Funded Residents	23.6	22.2 1.07	23.6 1.00	22.2 1.06	22.0 1.07				
Developmentally Disabled Residents	0.0	0.8 0.00	1.0 0.00	0.8 0.00	7.6 0.00				
Mentally Ill Residents	18.2	31.4 0.58	36.3 0.50	38.5 0.47	33.8 0.54				
General Medical Service Residents	27.3	23.8 1.15	21.1 1.29	21.2 1.28	19.4 1.40				
Impaired ADL (Mean)	50.2	46.9 1.07	47.1 1.07	46.4 1.08	49.3 1.02				
Psychological Problems	0.0	47.2 0.00	49.5 0.00	52.6 0.00	51.9 0.00				
Nursing Care Required (Mean)	2.7	6.7 0.41	6.7 0.40	7.4 0.37	7.3 0.37				